

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2015
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NAME OF PROVIDER OR SUPPLIER OPEN ARMS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 149 REID STREET FOREST CITY, NC 28043
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Frank Strickland on 06/25/2015:</p> <p>This facility was first licensed for licensure on 05/11/1994 as a Family Care Home. The facility is licensed for a capacity of six (6) ambulatory residents (able to evacuate without physical or verbal assistance during an emergency). Based on this information, the facility is required to meet the 1991 Rules for family care homes minimum and desired standards and regulations, the applicable portions of the 2005 regulations for family care homes and the 1991 Edition of the North Carolina State Building Code Section 514.1- Residential Care Facilities.</p> <p>There were deficiencies cited at the time of this survey and a Plan of Correction is required.</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1-Base on entry interview request to review current sanitation and fire inspection reports, the facility failed to maintain approval inspection documentation that can effect the life-safety and health of staff and all residents.</p> <p>Findings on 06/25/2015: a. No current sanitation and fire inspection approval reports on site.</p>	C 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, the facility has not maintained the interior doors in a safe manner. This will effect all residents and staff when entering and leaving all rooms.</p> <p>Findings on 06/25/2015 The Bedroom door accross the hall from the Dining Room has a loose top hinge and the door will not shut all the way to the jambs.</p> <p>2-Based on observation, the facility has not maintained the interior wall and ceiling surfaces in all spaces. This eventually will affect all residents and staff.</p> <p>Findings on 06/25/2015 The back Bathroom ceiling paint is peeling off the sheet-rock ceiling and falling into the tub and on the floors.</p> <p>3-Based on observation, the facility has not maintained the Bathroom fixtures in a safe manner.</p> <p>Findings on 06/25/2015 The vanity top that is located in the Front Bedroom Bath is not fastened to bottom wood</p>	C 174		

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C 174	Continued From page 2 base and the entire assembly is about to fall apart.	C 174		